

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10603467**

FILED DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	X					
4	X					
5		1				
6	X					
7		1				
8		1				
9		1				
10	X					
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18	X					
19	X					
20		1				
21		1				
22		1				
23	1					
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25		1				
26	X					
27	X					
28		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	21					
TOTAL CLAIMS	23					
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TOTAL CLAIMS						